

# NORTH DAKOTA CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

**2011 Report** October 1, 2010 - September 30, 2011

# Issued by:

JACK DALRYMPLE, GOVERNOR

# **Administered by:**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES **Children & Family Services Division** Tara Muhlhauser, Division Director

# 2011 CHILD ABUSE PREVENTION AND ABUSE ACT STATE PLAN and REPORT

The goals for the consolidated North Dakota Child and Family Services Plan (CFSP) are used as the goals for the Child Abuse Prevention and Abuse Act (CAPTA) plan. North Dakota's Five-Year Child and Family Services Plan incorporates both the state's Program Improvement Plan (PIP) and four additional strategies that speak directly to the Division's mission, vision and values. Woven throughout is fidelity to North Dakota's Wraparound Practice Model. CAPTA and Title IVB programs are coordinated through an internal Management Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

Program areas selected by North Dakota for the support and improvement of the Child Protective Service (CPS) system (Subsection (a) of Section 106), with the specific objective(s) related to the specific program areas, are identified.

North Dakota will provide notice to the Secretary regarding any substantive changes in State law that may affect its eligibility for a Basic State Grant.

I. <u>Program Areas Selected for Improvement from the 14 Areas</u>
<u>Delineated in Section 106(A) (1) through (14) of CAPTA</u>

Area (1): the intake, assessment, screening, and investigation (assessment in ND) of reports of abuse and neglect

The CPS Task Force will continue to meet at least quarterly to assist with developing policy and practice strategies to improve the intake, assessment, screening, and assessment of reports of abuse and neglect.

■ 2011 UPDATE: The CPS Task Force has continued to meet on a quarterly basis throughout the year and has completed a thorough review of the CPS policy manual to assist with developing strategies to improve the intake, screening, and assessment of reports of abuse and neglect. Policy Issuances incorporating the improvements to the intake, assessment, screening, and assessments of reports of abuse and neglect are expected to be issued within the next two fiscal quarters and will be posted in the manual sections of the state's website.

Funding will be maintained to provide support for Community-Based Child Abuse Prevention, through Parent Resource Centers in the state, utilizing evidence-based child abuse and neglect programming/curricula.

**4** <u>2011 UPDATE:</u> Funding support has been maintained to provide support for Community-Based Child Abuse Prevention, through Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula.

Annual reports will be generated to include the Child Fatality Review Panel/ Citizen Review Committee, Institutional Child Abuse and Neglect, and the Alliance for Children's Justice, all chaired by the CPS Administrator.

**4** <u>2011 UPDATE:</u> Annual Reports have been generated to include the Child Fatality Review Panel/Citizen Review Committee, Institutional Child Abuse and Neglect, and the Alliance for Children's Justice, all chaired by the CPS Administrator.

Strengthen the safety assessment and safety planning as outlined in the 2009 approved Program Improvement Plan.

- **4** 2011 UPDATE: North Dakota's Program Improvement Plan, approved June 24, 2010 contains *Benchmark 1.1:* Develop and implement consistent policies for all child welfare programs, identifying critical decision points in the life of the case where a formal safety/risk assessment is required. During the past year, The following Action Steps have been accomplished:
  - Action Step 1.1 (A): Clarify the roles and responsibilities of in-home service providers, Division of Juvenile Services case managers, child placing agencies, and Partnerships care coordinators in assessing safety/risk pursuant to the Family Assessment Instrument;
  - Action Step 1.1 (B): Determine timing (i.e. critical points) for safety/risk assessments and incorporate into policy across child welfare programs/Wraparound Practice;
  - Action Step 1.1 (C): Develop training plan for safety/risk assessments;
  - Action Step 1.1 (D): Modify existing training curriculum to meet needs of diverse audience and support principles of Wraparound Practice Model;

- Action Step 1.1 (E) Provide safety/risk assessment training to a broader population of child welfare professionals - i.e. CFS workforce and all partners as defined in 1.1 (A). Training is scheduled to occur in October 2011.
- Action Step 1.1 (F) Implement and disseminate the policy as described in 1.1 (B). This was completed for CPS on April 1, 2011. CPS Policy Issuance 11-04 "Safety Assessment/Safety Planning" was released in accordance with North Dakota's Program Improvement Plan as a result of the work of the CPS subcommittee of the CJA Task Force. This policy issuance has been incorporated into the competency based Child Welfare Certification training curriculum.

Area (2) (A): creating and improving the use of multi disciplinary teams and interagency protocols to enhance investigations (assessments in North Dakota)

The Child Fatality Review Panel will continue to operate during the plan period. reviewing the deaths of all North Dakota children, and will progress in advancing recommendations for changes in policy, practice and law to prevent the deaths of children.

**4** 2011 UPDATE: The Child Fatality Review Panel has continued to meet and review the deaths of all children in North Dakota and has continued to progress on advancing recommendations for changes in policy, practice and law to prevent the deaths of children. The Panel is described in Section C of the 2011 APSR, "Service Description".

North Dakota Child Protection Services will continue to collaborate with the Developmental Disabilities system to better serve common clientele.

4 2011 UPDATE: North Dakota has continued to collaborate with the Developmental Disabilities system to better serve common clientele, but has not progressed in this effort due to insufficient technological resources available to design reports to "cross-match" clientele across systems. Work on this area will continue as technological resources become available.

Area 4: enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols

North Dakota's Program Improvement Plan, developed as a result of the 2008 CFSR, identifies "Safety Planning" as one of four focal themes. The Program Improvement Plan Action Steps include developing, improving and implementing safety assessment tools and protocols. The goals and objectives for a continuum of care to improve the child protective system and consolidate it with the CFSP will be the same goals and objectives in the approved Program Improvement Plan. Any tools and protocols developed, improved and implemented will be integrated and consolidated into practice and policy.

♣ 2011 UPDATE: CPS Policy Issuance 11-04 "Safety Assessment/Safety Planning" was released in accordance with North Dakota's Program Improvement Plan as a result of the work of the CPS subcommittee of the CJA Task Force. This policy issuance has been incorporated into the competency-based Child Welfare Certification training curriculum and the Wraparound Practice Manual was developed as specified in the Program Improvement Plan. Policy Issuance 11-04 "Safety Assessment/ Safety Planning" enhances the general child protective system through the development, improvement and implementation of risk and safety assessment tools and protocols.

Area 5: developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

The FRAME data system will be integrated into CPS policy and practices. Implementation of the FRAME data system will also be used to improve the intake, assessment, screening and investigation (assessment in North Dakota) of reports of abuse and neglect and to implement action steps in the approved Program Improvement Plan.

**♣** 2011 UPDATE: The FRAME data system continues to be integrated into the CPS policy and practice manual as part of the CPS Task Force review. The new data system provides support for the program and allows tracking of reports from intake through final disposition.

## Area 6: developing, strengthening, and facilitating training ---

Plan and deliver additional multi-disciplinary training to coincide with the approved Program Improvement Plan action steps related to training.

Deliver requested "Mandated Reporter" training in an effective, efficient venue.

Continue to evaluate the Child Welfare Certification Training curriculum to assure that we are meeting the needs of beginning CPS workers in the field and to incorporate training needs identified in the approved Program Improvement Plan.

♣ 2011 UPDATE: The existing child welfare training curriculum has been modified to meet needs of diverse multidisciplinary audiences and support the principles of Wraparound Practice Model (PIP Action Step 1.1 D). A training plan has been developed (PIP Action Step 1.1 C). Safety and risk assessment training is scheduled to occur in October, 2011, for a broader population of child welfare professionals - i.e. CFS workforce and all partners as defined in 1.1 (A)" (PIP Action Step 1.1E):

A contract for the development of high quality training for mandated reporters of child abuse and neglect has been implemented. Quality, Internet-based training for mandated reporters of suspected child abuse and neglect will be universally available to mandated reporters and members of the public. Release of this web-based training is scheduled July 1, 2011.

The work plan for the Children and Family Services Training Center for SFY 2012 will be in place July 1, 2011. The Child Welfare Certification Training has been evaluated and updated to assure that the needs of beginning CPS workers and identified training needs have been incorporated into the plan.

Area 8: developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect

In an effort to provide consistent, high quality and low-cost training for persons mandated and permitted to report suspected child abuse and neglect, an informal RFP was completed and released on 10/13/2010, soliciting proposals for development of an electronic, self-directed, narrated training module. A contract for the project has been awarded to a vendor, based on project understanding, relevant experience partnering with government to work with human services issues,

experience producing comparable training, and cost. This training module is planned to be Internet-based and universally available. This project is expected to be completed and final product delivered by June 30, 2011.

## **4** 2011 UPDATE:

Following implementation of the training module, options for the addition of an evaluation component will be explored in order to obtain data to support training effectiveness. Data will be used to strengthen training protocols for individuals mandated to report child abuse and neglect and will contribute to the research base supporting this strategy.

Area 14: supporting and enhancing collaboration among the child protective services, domestic violence services and other agencies in ---

The Alliance for Children's Justice will continue to meet and continue supporting and enhancing collaboration among public health agencies, the child protection system and private community- based programs to provide child abuse and neglect prevention and treatment services.

Work will continue to support the collaborative network of PCAND and the Parent Resource Centers to coordinate, share resources, and integrate programming on child abuse and neglect prevention activities.

North Dakota Child Protection, through the North Dakota Child Fatality Review Panel, will continue to collaborate with the Department of Health for the safety of children and prevention of child injuries, particularly injuries related to child abuse and neglect.

North Dakota Child Protection Services will continue to collaborate with the Children's Advocacy Centers of North Dakota (State Chapter) to provide treatment services for children who are suspected of being, or who have been, abused or neglected.

North Dakota Child Protection Services will continue to collaborate with local domestic violence services, primarily through multi-disciplinary child protection Teams.

♣ 2011 UPDATE: North Dakota Child Protection Services has collaborated with domestic violence service providers since 2005, with domestic violence service providers serving on local multi-disciplinary child protection teams throughout the state.

## II. Funding For Areas Selected For Improvement

# **2011 UPDATE:** The total amount of CAPTA funds for FFY 2012 is \$95,076.

Not all objectives for all areas for improvement will have funds attached. Staff will complete many of the objectives and action steps noted in the CAPTA Plan and the Consolidated APSR with no Basic Grant Funds expended.

# A. Out-of-state Travel for State Child Protection Service Administrator Areas 1, 2, 4, 6, 8 & 14 \$4,000

These funds will be used to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator. North Dakota reimburses at the actual motel rate, meals at the federal per diem amount for the location and airfare at actual rate for out-of-state travel.

#### B. State Institutional Child Protection Team

Area 1 \$1,000

These funds will be used to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions. The North Dakota in-state rate for mileage is 35 cents per mile, \$69.30 plus tax per night for motel and \$25 per day for meals.

## C. State Child Fatality Review Panel

Area 2 \$4,000

These funds will be used to support the Child Fatality Review Panel which is a multi-disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds will be used to reimburse members for travel to meetings and for training opportunities.

#### D. In-State Travel for State Administrator

Areas 1, 2, 4, 6 and 14 \$3.374

These funds will be used to reimburse the State Administrator to travel to the regional and county offices to provide support to direct providers of child protection services. Funds will also be used for travel to monitor the contract for the Children and Family Services Training Center.

## E. Travel to Meetings for Work on the Areas of Improvement

Area 1 \$7,000

Funds will be used to reimburse CPS task force members for in state travel and per diem to attend meetings wherein the work to review and act on implementation of improvements to North Dakota Child Protection Services will take place. In addition, funds will be used for out of state travel for persons to attend national CPS training conferences.

# F. Support for the Alliance For Children's Justice (ACJ)

Area 14 \$25,000

The funds will be used to maintain the Alliance for Children's Justice. The purpose of ACJ is to improve the handling of child abuse and neglect cases, particularly child sexual abuse cases. ACJ is a multi disciplinary partnership. The Basic grant funds are used to support staff, task force meeting expenses, training of professionals, providing information to public and professionals, prevention, treatment and research related activities.

### G. Support of the CPS Training

Area 6 and 8 \$8,584

Funds will be used for training consultant fees, training materials, travel and per diem for trainees.

# H. Educational Materials, Training Material, Books, Videos, Printing Area 1, 6, 8 and 14 \$3,418

The funds will be used to provide materials for regional supervisors, persons required to report suspected cases of child abuse and neglect, and the printing of reports to be used by the public as well as child protection service professionals.

# I. Support for the Prevent Child Abuse North Dakota Organization Area 14 \$38,700

The funds will be used to support the only statewide agency, Prevent Child Abuse North Dakota (PCAND), established for the sole purpose of the prevention of child maltreatment. The funds will be used for staff and operating expenses as specified in a work plan and a contract with Prevent Child Abuse North Dakota.

# III. Descriptions (106 (b) (2) [c]

A. Services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect

Funds from the CAPTA grant are used to support the coalition task force, the Alliance for Children's Justice (ACJ). This task force is made up of over thirty five members representing law enforcement, mental health, parents, civil and

criminal courts, prosecutors, defense attorneys, child protection staff, faith communities, education and medical professionals and citizens. This task force maintains a prevention sub-committee, which continually reviews strategies for preventing all forms of child abuse and neglect. In addition, funds from CAPTA are used in support of Prevent Child Abuse North Dakota.

CAPTA Funds may also be used to sustain and expand Family Support Services as listed below:

## The Nurturing Parenting Program

The Nurturing Parenting Program is a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.

- **♣** <u>2011 UPDATE:</u> A summary of the program and participation data, based solely on the AAPI summary measures, indicates the following:
  - NPP operated at 7 sites in North Dakota in SFY 2009-2010.
  - 17 NPP program sessions were offered in SFY 2009-2010.
  - The number of sessions offered at each site were: (1) Belcourt, ND 4; (2) Bismarck, ND 4; (3) Fargo, ND 2; (4) Jamestown, ND 2; (5) Minot, ND 3; (6) Valley City, ND 1; (7) Wells County, ND 1
  - Number of Families in Class Ages 0-5 Sessions = 63
  - Number of Families in Class Ages 5-12 Sessions = 97
  - Total Number of Families Enrolled in Sessions = 160
  - Total Number of Families that Completed Sessions = 109
  - Total Percentage of Families Completing Sessions = 68.1%

### Parent Resource Centers (PRCs)

During the 2009 state legislative session, an additional amount of state general fund dollars was granted to provide infrastructure support for this network of programs/centers. Each PRC participated in a Family Resource Center Network coordinated through the Family Life Education Program, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.

**♣** 2011 UPDATE: The most recent report (SFY 2010) shows the PRCs have served 1,693 children and adults. According to the CBCAP report, there were 23 parents and 29 children served through the

PRCs who disclosed having a disability. The adult participants were asked to complete the FRIENDS Family Support Outcomes Survey as a component of evaluation for CBCAP funded programs. The data indicates the majority of parents/caregivers completing the survey believed the program helped them improve their parenting skills, helped them reduce the stress in their lives and helped them reach their goals for their family. A full data report is included in the annual CBCAP report, but a portion of the data is included for your information below:

8) This program has helped me improve my parenting skills.							
	PERCENT NUMBER						
1 (Strongly Disagree)	1%	6					
2	1%	8	Mean: 6.05				
3	1%	8					
4	8%	75	St Dev: 1.16				
5	15%	136					
6	27%	239					
7(Strongly Agree)	47%	420					

9) This program has helped me reduce stress in my life.							
	PERCENT NUMBER Cou						
1 (Strongly Disagree)	1%	10					
2	1%	11	Mean: 5.66				
3	3%	29					
4	14%	129	St Dev: 1.32				
5	19%	171					
6	27%	246					
7(Strongly Agree)	34%	306					

10) My ideas and opinions are welcomed and included in the program.							
	PERCENT NUMBER						
1 (Strongly Disagree)	0%	4					
2	0%	5	Mean: 6.38				
3	1%	9	0.5 4.00				
4	4%	37	St Dev: 1.02				
5	10%	88					
6	21% 193						
7(Strongly Agree)	63%	571					

11) I feel that the program staff respects me.						
	PERCENT NUMBER					
1 (Strongly Disagree)	1%	6				
2	0%	2	Mean: 6.55			
3	1%	9				
4	2%	19	St Dev: 0.91			
5	5%	48				
6	20%	179				
7(Strongly Agree)	71%	651				

12) This program is helping me reach my goals for my family and me.							
	PERCENT NUMBER						
1 (Strongly Disagree)	1%	6					
2	1%	10	Mean: 6.14				
3	1%	12	0.5 4.5				
4	6%	55	St Dev: 1.15				
5	12%	110					
6	28%	246					
7(Strongly Agree)	51%	452					

13) Parents in this program learn from each other.					
	Count: 872				
1 (Strongly Disagree)	1%	5			
2	1%	9	Mean: 6.33		
3	1%	9			
4	4%	37	St Dev: 1.07		
5	9%	76			
6	25%	214			
7(Strongly Agree)	60%	522			

B. training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision-making, and referral for investigating suspected instances of child abuse and neglect

Funds from the CAPTA grant will be used to provide training to direct line and supervisory child protection staff.

C. training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect

A contract for the development of high quality training for mandated reporter of child abuse and neglect has been implemented. Quality, Internet-based training for mandated reporters of suspected child abuse and neglect will be universally available to mandated reporters and members of the public. Release of this web-based training is scheduled July 1, 2011.

D. policies and procedures encouraging the appropriate involvement of families in decision making pertaining to children who experienced child abuse or neglect.

Policies and procedures encouraging the appropriate involvement of families in decision making pertaining to children who experienced child abuse and neglect have been incorporated into a Wraparound Practice Model Manual as specified in the state's approved Program Improvement Plan. Primary Strategy 2 in the approved plan, "Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across the child welfare service delivery system", and the accompanying action steps and benchmarks address the involvement of families in decision making processes.

- E. Policies and procedures that promote and enhance appropriate collaboration among child protective service agencies, domestic violence service agencies, substance abuse treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including children exposed to domestic violence.

  North Dakota continues to support existing policies to promote collaboration through the use of multi-disciplinary child protection decision making teams, which act in an advisory capacity to county and regional staff in the investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including children exposed to domestic violence. The Child Protection Service manual chapter contains North Dakota's policies and procedures related to CPS cases where domestic violence is present.
- F. Policies and procedures regarding the use of differential response. The North Dakota Child Protection Program incorporates several components of differential response into current policy and practice. Since 1996, North Dakota child protection has utilized a family assessment process, rather than incidentbased investigation of reports of suspected child abuse and neglect. A child protection services assessment addresses the safety of the child, and incorporates the development of safety plans, while also assessing the family's strengths and the risks of future maltreatment in addition to assessing concerns of abuse and neglect. An investigatory response is only made in conjunction with law enforcement in situations where there may have been a criminal violation. In these cases, law enforcement conducts the investigation and CPS staff work jointly with the investigation process to conduct a CPS assessment. North Dakota CPS also allows for an assessment to be terminated in progress when an assessment reveals that no abuse or neglect has occurred. These families may be referred to community resources, as appropriate and no determination of abuse or neglect is made.

North Dakota statute requires that all reports of suspected child abuse and neglect be accepted. This does not allow for the screening of reports. To accommodate this process, ND has initiated a policy for "Administrative Assessments" included in the triage of incoming reports of suspected CA/N. The "administrative assessment" gives an opportunity to use an informal alternative response for reports received when families are already being served by county child welfare programs (Wraparound case management services) and treatment services through regional HSCs (mental health services) and are not at risk of imminent harm. Conditions for an administrative assessment are delineated in policy and include reports that clearly fall outside of child protection law; reports that contain no credible or causal reason to suspect a child has been abused or neglected; reports that contain insufficient information to identify or locate a child; reports where there is reason to believe

the reporter is making a false report; reports in which the concerns have already been addressed in a prior assessment; and reports concerning a child who is receiving services through a Human Service Center (also a part of the Department of Human Services) or county social service agency. These reports may be referred to community agencies for services.

# IV. Notification Regarding Substantive Changes in State Law (Section 106) (b) (1) (B)

2011 UPDATE: The North Dakota Legislature was in session in 2011. Changes made to state law to include the addition of dental hygienists to the mandated reporter statute, requiring the reporting of sexual conduct by a child discovered on a workplace computer, allowing the suspension of a childcare license, self declaration or registration when there is a child abuse and neglect assessment and providing parents of children in a childcare setting with assessment information. None of these changes affects eligibility.

#### V. **Citizen Review Panel**

The North Dakota Child Fatality Review Panel, as described in Section C "Service Description", serves as the state's Citizen Review Panel as allowed by CAPTA Section 106 (b). Summary data for the 2007, 2008, 2009 child fatality reviews has been integrated into the annual Children and Family Services Data Bulletin. The CFS Data Bulletin is scheduled for publication in July 2011 and will be available online at: http://www.nd.gov/dhs/info/pubs/family.html. For the purposes of the 2011 CAPTA report, the 2007 and 2008 summary data of the Child Fatality Review Panel/Citizen Review Committee and the state's response to the report can be found in **ATTACHMENT A**.

#### VI. Changes to State's Provisions and Procedures for Criminal Background Checks (Section 106) (b) (2) (A) (xxii)

2011 UPDATE: North Dakota has implemented provisions and procedures for requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household. As of October 1, 2007, (per state policy) prospective foster and adoptive parents are required to have a criminal background check as part of the licensing process. Other adults or non-relatives residing in those homes are also required, as of October 1, 2007 (per state policy) to

have a criminal background check. There have been no other changes to the state's provisions and procedures for criminal background checks for prospective adoptive foster and adoptive parents and other adult relatives and non relatives residing in the household.

## VII. CAPTA Annual State Data Report

### A. Information on Child Protective Service Workforce

 information on the education, qualifications, and training requirements established by the State for child protective service professionals, including entry and advancement in the profession, and including advancement to supervisory positions. The Child Protection Service workforce is comprised of Licensed Social Workers who meet the qualifications for a Social Worker III as described below:

Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and two years of professional human services work experience as a social worker or human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and licensure as a Licensed Social worker (LSW) by the ND Board of Social Work Examiners.

Child Protection Service Supervisors at the entry level are classified as Human Service Program Administrators and meet the qualifications below:

Requires a bachelor's degree with a major in business or public administration, social work, or a related behavioral science such as psychology, counseling and guidance, or child development and family relations, and two years of related professional work experience in administration. One year of the experience must have been at a level equivalent to a Human Service Program Administrator I. Or a Master's degree in business or public Administration, social work, psychology, counseling and guidance, or child development and family relations. A bachelor's degree with a major in engineering, nutrition, nursing or other related health field such as microbiology, environmental sanitation, or chemistry, and two years of related professional work experience that included one year at a level equivalent to Human Service Program Administrator I also meets the qualifications. Also meeting qualifications is a master's degree in engineering, nutrition, nursing, public health, or related health science. Or an equivalent combination of education and related professional work experience as determined by the agency.

It is not uncommon in the rural counties in North Dakota for applicant pools to be limited and qualified candidates to fill social work positions to be unavailable. North Dakota Administrative Code Section 4-07-05-06

addresses the ability to underfill a position when fully qualified applicants are unavailable.

North Dakota Administrative Code Section 4-07-05-06. Underfill. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may underfill a position of each of the following requirements are met: 1. The duration of the underfill does not exceed two years. If special circumstances require a period exceeding two years, an appointing authority shall request written approval from human resource management services. 2. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.

Additionally, The Department of Human Services Manual Service Chapter 01-43 provides additional guidance for underfilling positions:

#### 01-43.Underfills

If internal and external recruitment efforts have failed to produce a qualified applicant, the position may be underfilled by an applicant who does not meet the initial screening requirements (minimum qualifications) of the position as classified. The applicant must meet the initial screening requirements (minimum qualifications) of the next lower level in that class series or an appropriate class as determined by the DHS Human Resource Division.

If, after advertising by internal posting, an employing unit believes it is more expedient to underfill a position with an employee who would qualify for the position within a short period of time, rather than advertising externally, the employing unit may underfill upon written request and approval from the DHS Human Resource Division. A position may be underfilled for a period normally not to exceed two years. Employing units should monitor underfills so that employees are placed in the appropriate class within the appropriate time frame. In cases where a period longer than two years is required, the length of time for the underfill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division.

Positions requiring licensure or other statutory requirements may not be underfilled. However, in cases involving an employee or applicant who meets eligibility requirements and is in the process of obtaining licensure or meeting other statutory requirements, the employee or applicant may underfill the position if permitted by professional practice laws. In cases where a period longer than two years is required, the length of time for the underfill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division. (REF: NDAC Section 4-07-05-06).

Positions used when underfilling a position and the qualifications of those positions are:

SOCIAL WORKER I; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41).

SOCIAL WORKER II; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and one year of professional human services work experience as a social worker, human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and

licensure as a Licensed Social Worker (LSW) by the ND Board of Social Work Examiners.

data on the education, qualifications, and training of such personnel;
 Each child protection service social worker and supervisor receives Child
 Welfare Certification Training as described in section F of the 2011 APSR.
 Additionally, Child Protection Service Chapter 640-01-10-05-01 outlines
 the certification training requirements for CPS social workers:

#### Certification Training Requirements 640-01-10-05-01

Participation in and successful completion of the Child Welfare Practitioners Certification Training Program (CWPCTP) is required by all Social Workers providing CPS assessments. Social Workers must begin the CWPCTP within the first six months of employment as a CPS Social Worker. Social Workers must complete the training program within one year of beginning the training program. A copy of the certificate of completion should be given to the Social Worker's supervisor, by the Social Worker, upon completion.

demographic information of the child protective service personnel;

North Dakota, as a state supervised, county administered state, does not maintain demographic information on child protection services personnel employed by the county agencies.

 Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10)).

The caseload standard for Child Protection Services Social Workers is established in state policy Service Chapter 640-01-25-01 as follows:

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

The assessment may be considered complete when the case has been staffed and the decision has been made, the family has been notified, and the written report is completed and sent to the regional office.

It is recognized that there may occasionally be situations, which place greater demands on agency resources than normal; for example, a greater than average number of reports during a particular period of time. If the caseload standard is exceeded, the regional CPS supervisor should be informed of the reason for the

excess caseload. The caseload is expected to return to standard levels and not to be consistently exceeded.

There are no established caseload/workload standards for child protective service supervisors.

#### **B.** Juvenile Justice Transfers

A point in time case count was requested from the Division of Juvenile Services that reflects the number of youth under the care of the state child protection system who were transferred into the custody of the state juvenile justice system.

<u>2011 UPDATE:</u> Following is a case count taken on June 1, 2011. DJS cases are down from June 1, 2010 at which time they had a case count of 237. Most of the regions have remained stable with the exception of Minot where case transfers doubled (up from 5 cases last year) and Jamestown with a reduction in transfers from 2 last year to zero on June 1, 2011. The western regions (Williston, Minot, Bismarck and Dickinson) case transfers have remained stable whereas the case transfers in eastern regions (Devils Lake, Grand Forks, Fargo, and Jamestown) have shown a fairly significant reduction.

DJS OFFICE	6/1/2011 CASE COUNT	# TRANSFERRED FROM SOCIAL SERVICES TO DJS	% TRANSFERRED FROM SOCIAL SERVICES TO DJS
Williston	9	2	22%
Minot	30	10	33%
Devils Lake	24	5	20%
<b>Grand Forks</b>	34	3	8%
Fargo	28	2	7%
Jamestown	10	0	0%
Bismarck	51	9	17%
Dickinson	10	2	20%
TOTAL	196	33	Average: 16%
West	100	23	23%
East	96	10	9%

## VIII. North Dakota CAPTA Contact Information

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## **ATTACHMENT A**

### CHILD FATALITIES

The North Dakota Child Fatality Review Panel (NDCFRP) fulfills the duties mandated by the North Dakota Century Code. By statute (50-25.1-01), the panel is charged with responsibility for "identifying of the cause of children's deaths, where possible; identifying those circumstances that contribute to children's deaths; and recommending changes in policy, practices, and laws to prevent children's deaths." Additionally, the panel is to "meet at least semiannually to review the deaths of all minors which occurred in the state during the preceding six months and to identify trends or patterns in the deaths of minors" (NDCC50-25.1-04.3).

The Child Fatality Review Panel thoroughly reviews each Status A death. The Panel classifies each death by the manner of death, the type of fatal injury/event, and the preventability of the death. The Panel's review of the 41 child deaths in 2007, 29 in 2008, and 43 in 2009 determined to be 'Status A' deaths form the basis of a Child Fatality Review Panel annual report and the data presented here (Table 1).

Table 1. Child Deaths by Status, CY 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Total Child Deaths <sup>1</sup>	107	87	94	112	101	83	95
Status A Deaths <sup>2</sup>	64	46	46	62	45	36	52
Status B Deaths <sup>3</sup>	43	41	48	50	56	47	43
In-State Child	59	39	40	59	41	29	43
Deaths <sup>4</sup>							
Out-of-State Child	5	7	6	3	4	7	9
Deaths <sup>5</sup>							

<sup>&</sup>lt;sup>1</sup>From all causes.

SOURCE: Child Fatality Review Panel

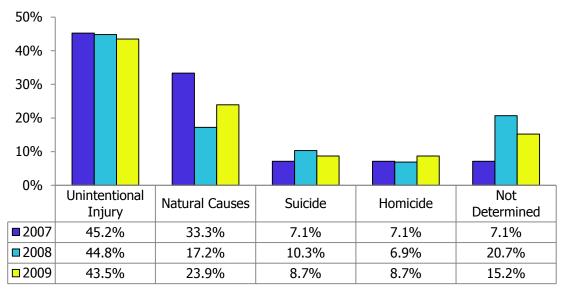
The information in this report is the outcome of thoughtful inquiry and discussion by a multi-disciplinary group of professional leaders who consider all the circumstances surrounding the death of each child. They bring expertise and diversity to the review process. The process results in data that may not exactly match data from other sources.

The largest category for the manner of death was unintentional injury, which claimed the lives of 19 children in 2007, 13 in 2008, and 20 in 2009 (Figure 1 and Table 2). Natural was the second largest category for the manner of death in 2007 and 2009, resulting in 14 (33.3%) and 11 (23.9%) child deaths, respectively. The number of child deaths

<sup>&</sup>lt;sup>2</sup>Status A cases consist of all cases of children whose death is sudden, unexpected, and/or unexplained. <sup>3</sup>Status B cases are deaths that are not unexpected (i.e., long term illness) and/or deaths that are due to natural causes. (Review of death certificate only)

<sup>&</sup>lt;sup>4</sup>All other child deaths with North Dakota death certificates. (Reviewed in depth by the NDCFRP)
<sup>5</sup>The 'death-causing' event/injury is identified as occurring outside of North Dakota. (Not reviewed in depth by the NDCFRP)

where manner of death could not be determined increased each year, from three (7.1%) in 2007 to six (20.7%) in 2008 and seven (15.2%) in 2009.



<u>Figure 1.</u> Percent of Child Fatalities by Manner of Death that Received an In-Depth Review, CY 2007, 2008, and 2009

Table 2. Number of Child Fatalities by Manner of Death in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

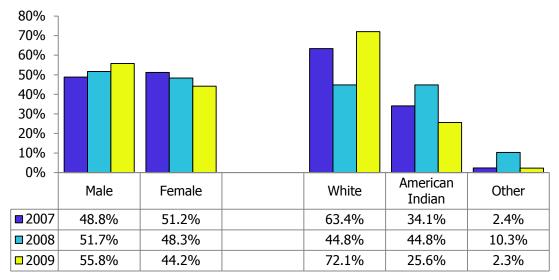
	2007	2008	2009
Unintentional Injury	19	13	20
Natural Causes	14	5	11
Suicide	3	3	4
Homicide	3	2	4
Not Determined	3	6	7
Total	42*	29	46 <sup>*</sup>

<sup>\*</sup> The categories above are not mutually exclusive. In 2007 one case was listed under both 'unintentional' and 'natural.' In 2009 two cases were listed as both 'homicide' and 'unintentional' and one case was listed both as 'not determined' and 'unintentional.'

Gender: The gender of the children was fairly evenly divided during the three years (Figure 2, Table 3). In 2007 there was one more male than female and in 2008 there was one more female than male. The gap was wider in 2009 with 24 males and 19 females. On average, the data reflect closely the gender distribution of individuals ages 0 to 17 in North Dakota's population which is fairly evenly matched, 49.9% male and 50.1% female (U.S. Census Current Population Survey, Annual Social and Economic Supplement 2009).

Race: Data show that American Indian children are over represented in the child fatality numbers (Figure 2, Table 3). About 13% (one in eight) of North Dakota's child population is American Indian (U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement). However, of the child deaths reviewed by the Panel

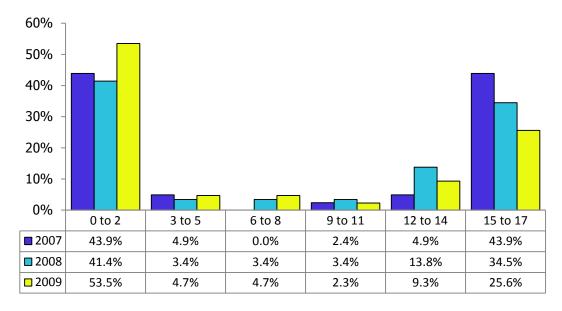
during 2007, 2008 and 2009, 34.1% (14) of 41 deaths, 44.8% (13) of 29 deaths, and 25.6% (11) of 43 deaths, respectively, were American Indian.



<u>Figure 2.</u> Gender and Race of Child Deaths in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Table 3. Number of Child Deaths by Gender and Race in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

	2007	2008	2009
Male Female	20	15	24
	21	14	19
White	26	13	31
American Indian	14	13	11
Other	1	3	1
Total	41	29	43



<u>Figure 3.</u> Percent of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Age: In 2007, 43.9% of child fatality deaths that received in-depth reviews were under age three and 43.9% were between ages 15 and 17 (Figure 3). In 2008, 41.4% were under age three and 34.5% were between ages 15 and 17. Again, in 2009 with 53.5% under age three and 25.6% between ages 15 and 17, the data demonstrate that children at greatest risk of death are the very young and older teenagers (Figure 3 and Table 4).

Table 4. Number of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Age	2007	2008	2009
0 to 2	18	12	23
3 to 5	2	1	2
6 to 8	0	1	2
9 to 11	1	1	1
12 to 14	2	4	4
15 to 17	18	10	11
Total	41	29	43

# **Unintentional Injury Deaths**

The largest sub-category of unintentional injury deaths is vehicular, accounting for 13 deaths from unintentional injuries in 2007, 12 in 2008, and 12 in 2009 (Figure 4). Other unintentional injuries causing death in 2007 were drowning (2), overdose (2), and accidental hanging (1). In 2008, the one non-vehicular unintentional death was due to drowning. In 2009, the eight non-vehicular unintentional injury deaths were due to asphyxia (3), firearm (1), head trauma, (2) drowning (1), and starvation and dehydration (1).

In 2007, the Panel found that 46.3% (19) deaths were unintentional. There was a decrease in 2008 to 44.8% (13) in deaths found to be unintentional. In 2009, the number of deaths found to be unintentional rose to 20 (46.5%) (Table 5). Figure 4 and Table 5 show the type of unintentional injury deaths. The largest type of unintentional injury deaths, vehicular, accounted for 68.4% in 2007. In 2008, the percent rose to 92.3% and in 2009 the percent decreased to 60.0% (Figure 4).

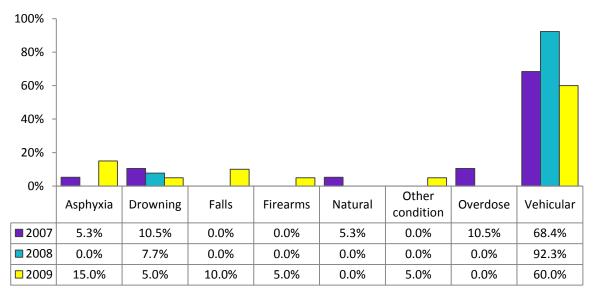


Figure 4. Percent of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-depth Review, CY 2007, 2008, and 2009

Table 5. Number of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review, CY 2007, 2008, and 2009

	2007	2008	2009
Asphyxia	1		3
Drowning	2	1	1
Falls			2
Firearms			1
Natural*	1		
Other condition			1
Overdose	2		
Vehicular	13	12	12
Total	19	13	20

<sup>\*</sup>Natural deaths were generally not classified as accident or unintentional, though one natural child death in 2007 was classified as unintentional.

# **Natural Deaths**

During the years 2007, 2008, and 2009 there were 30 child deaths (26.5%) of the 113 reviewed, which the Child Fatality Review Panel classified as natural. The Panel did not find that any of the natural deaths were preventable. Fourteen child deaths in 2007, 5 in 2008, and 11 in 2009 were classified as natural. Autopsies were performed on all deaths attributed to natural causes.

Eight (26.7%) of the thirty natural child deaths occurred due to other natural causes. The causes included: 1) Bronchopneumonia; 2) Hypoxic ischemic brain injury, airway obstruction, laryngomalacia; 3) Primary interstitial pneumonia; 4) Probable primary cardiac arrhythmia; 5) Seizure, hydrocephaly; 6) Small bowel infarction, torsion of intestines; 7) Streptococcal sepsis; and 8) Viral (coxsackie B), encephalomyocarditis. These natural deaths occurred in six females and two males. Three children were over age one. The remainder were under age one. Two were American Indian and six were White.

## **Sudden Infant Death Syndrome (SIDS)**

During the years 2007, 2008, and 2009, eighteen (60%) of the thirty child deaths were attributed to SIDS. All infants were under the age of one (three were one month, four were two months, five were three months, two were four months, two were five months, one each were six and seven months). These included seven females and 11 males. Eight SIDS deaths were American Indian infants, one was another race, and nine were White. Half of the infants were placed to sleep in unsafe infant sleep environments.

All of the SIDS deaths were found by the Panel to have been non-preventable. All infants who died of SIDS received an autopsy, consistent with the legal criteria for listing SIDS as a cause of death on the death certificate (NDCC 11-19.1-1-13. "Cause of death – Determination").

The legal criteria for listing SIDS as a cause of death on the death certificate influenced the Panel's determination of the manner of death in these cases. The legal criteria for listing SIDS as a cause of death on the death certificate is stated in state law, "The term 'sudden infant death syndrome' may be entered on the death certificate as the principal cause of death only if the child is under the age of one year and the death remains unexplained after a case investigation that includes a complete autopsy of the infant at the state's expense, examination of the death scene, and a review of the clinical history of the infant" (NDCC 11-19.1-13 "Cause of Death – Determination").

# **Suicide Deaths**

During the years 2007, 2008, and 2009 there were ten suicide deaths by children. All were classified as preventable by the Child Fatality Review Panel. Deaths of eight male children and two females were the result of suicide. Eight were White and two were American Indian. Two suicide deaths were children ages 14, three were age 15, three were age 16 and two were age 17. Seven deaths were a result of hanging and three involved firearms.

## **Homicide Deaths**

During the years 2007, 2008, and 2009, there were nine child fatalities due to homicide. All were classified as preventable by the Child Fatality Review Panel. Five of the homicide victims were male and four were female. Four were White and five were American Indian. Six homicide victims were under age two and three were age 14 or older. One homicide involved a firearm, four were the result of a blunt head injury, two resulted from starvation and dehydration, and one from exposure (systemic hypothermia).

## **Deaths for Which the Manner Could Not Be Determined**

The Child Fatality Review Panel ruled that the manner of death for 16 child fatalities during the years 2007, 2008, and 2009 could not be determined. An autopsy was performed in each death. Seven of the deaths were attributed to sudden unexplained infant death (SUID). In two cases there was evidence of craniocerebral trauma; in one case a gunshot wound to the head; in another case sepsis was involved; in another 'no anatomic cause of death; and in four cases, simply 'undetermined.'

Eleven of the child fatalities where the manner could not be determined were females, five were male. Eleven were White, four were American Indian, and one was an 'other' race. These undetermined deaths occurred to some of the State's youngest and most vulnerable children. All but one three-year-old were age two or younger.

# **Long-Term Trends**

Figure 5 traces the number of total child deaths and the number of cases that received an in-depth review by the Panel from the years 1996 through 2009. Over the years child deaths requiring in-depth reviews have been between 35 and 54% of total child deaths. The average is about 43%. In 2007, 41 child deaths were reviewed. These accounted for 40.6% of all child deaths in 2007. In 2008, 29 child deaths were reviewed, accounting for 34.9% of all child deaths that year. In 2009, 43 child deaths were reviewed, accounting for 45.3% of all child deaths that year. The lowest number of child fatalities (83) since at least 1996 occurred in 2008.

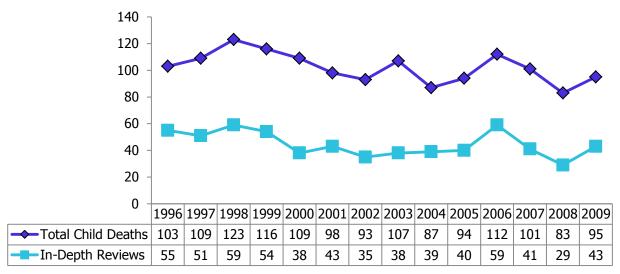


Figure 5. Number of Total Child Deaths and In-Depth Reviews, CY 1996-2009

Vehicular child deaths have averaged about 16 per year since 1996, with a high of 27 in 2006 and low of 11 in 2002 (Figure 6). The number of vehicular deaths increased dramatically from 2005 to 2006. Compared to 2006 (27), vehicular child deaths decreased by over 50% in 2007 (13), 2008 (12), and 2009 (12). Vehicular deaths have remained the primary cause of child fatalities in North Dakota for at least the last twelve years.

Fatalities due to Sudden Infant Death Syndrome (SIDS) have averaged about seven per year since 1996, with highs of ten in the years 1997, 1998, and 1999 and lows of two in years 2004 and 2008 (6). SIDS cases numbered nine, two and seven in 2007, 2008, and 2009, respectively. In 2007, SIDS was the second leading cause of death among infants, in 2008 it was third and in 2009 it was second.

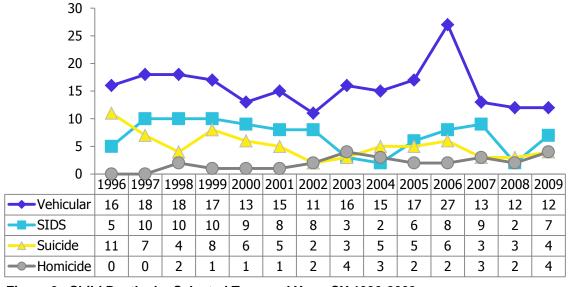


Figure 6. Child Deaths by Selected Type and Year, CY 1996-2009

Child deaths due to suicide saw an all time high of 11 in 1996 (Figure 6). Excluding 1996 as an atypical year, the yearly average of child deaths (1997 to 2009) due to suicide is just under five (4.75). There were three suicide deaths in each of the years 2007 and 2008, and four child deaths due to suicide in 2009.

Homicide child deaths have averaged between one and two a year since 1996 with a high of four in 2003 and lows of zero in 1996 and 1997. Homicide deaths in 2007, 2008, and 2009 numbered three, two, and four, respectively.

According to U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, the North Dakota child population (ages zero through 18) in 2006 was 154,298. The changes in child population were minimal over the ensuing years (2007 was 153,602; 2008 was 153,378; and 2009 was 154,087). Changes in the number of child deaths in North Dakota by year do not appear to have any correlation to the changes in the State's child population.

## Child Fatality Review Panel /Citizen Review Committee



State Response 2010-2011

Child Fatality Review Panel, which served in the role of the Citizen Review Committee from 1996 to 2006, resumed this dual role in 2010 and continued to meet on a quarterly basis throughout the year.

Panel remains concerned about the number of motor vehicle deaths among teens and the need to a three-step graduated driver's licensing statute in North Dakota. Child Fatality Review Panel members participated in a multi-disciplinary collaborative, which includes representation from the insurance industry, medical professionals, parents, legislators and others to support graduated driver's license legislation in the 2011 legislative session. The bill proposed a three-step graduated driver's licensing statute, which has been shown to be effective in reducing teen motor vehicle fatalities in states where these laws are in effect. The North Dakota legislature strengthened the existing driver licensing statute, but fell short of enacting the three-step process. The Child Fatality Review Panel will continue to monitor this issue.

The Child Fatality Review Panel has identified a need for consistent information concerning child deaths on the state's Indian Reservations. The majority of child deaths on the reservations are investigated by federal agencies, such as the Bureau of Indian Affairs or the Federal Bureau of Investigation. These federal agencies often to not respond to requests for the records of investigations of child deaths and are not subject to state statute. As a result, reviews of child deaths occurring on the reservations are often missing information vital to a thorough review. The Child Fatality Review Panel coordinator has been in contact with representatives of the Bureau of Indian Affairs law enforcement as well as representatives from the FBI and U.S. Attorney's Office in continuing attempts to obtain information to enable quality reviews of these deaths.

The Panel continues to identify a lack of consistency in reporting suspicious child deaths to the child protection system by persons who are mandated by statute to report such deaths. The Panel has requested that training be developed for mandated reporters of child abuse and neglect in order to improve reporting consistency. A training module for mandated reporters is scheduled for release on July 1, 2011. The training will be provided online.

Summary data for the 2007, 2008 and 2009 child fatality reviews has been integrated into an existing publication and is available in the annual Children and Family Services Data Bulletin. The report can be viewed at: http://www.nd.gov/dhs/info/pubs/family.html

A complete data report for the 2007, 2008 and 2009 Child Fatality Review Panel will be posted to the state website upon completion during the next calendar quarter.

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2010-2011

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Marlys Baker – NDCFRP Presiding Officer

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